

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**New York Life Insurance Company Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Budd Jr., Warren C., , Mr.,**

Mailing Address PO Box 1723

City  
Newnan

State  
GA

Zip Code  
30264-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance Company

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.96

Date of Receipt

12 / 31 / 2021

**Transaction ID : PR105025838**

Amount of Each Receipt this Period

91.33

☐ Memo Item

P/R Deduction (\$91.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jones, Ronald A., , Mr.,**

Mailing Address 116 Wildwood Drive

City  
Butler

State  
PA

Zip Code  
16002-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance Company

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2021

**Transaction ID : PR10510125838**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sunada, Gary T., , Mr.,**

Mailing Address 109 Farnham Road

City  
Syracuse

State  
NY

Zip Code  
13219-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance Company

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 31 / 2021

**Transaction ID : PR10529125838**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

161.33